Date:

April 4, 2007

To:

WIser Choice Provider Network

From:

Corey Hoze, Director, DHHS

Jim Hill, Administrator, BHD

Subject:

Revisions To AODA Sustainability Plan

We are responding to the letter of March 30 we received from the Behavioral Health Provider's Association (BHPA) requesting that the Behavioral Health Division (BHD) modify the AODA sustainability plan implemented in January of this year. This request was made following the recent announcement by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) that a new grant cycle for the Access To Recovery (ATR) grant program would be opening. There is reason to believe that Milwaukee County may receive at least \$3.5 million in Access To Recovery (ATR) grant funds, along with an additional \$500,000 the state Department of Corrections (DOC) has indicated it will make available to BHD to serve the AODA treatment needs of the corrections population.

We have carefully considered the BHPA request and have determined that the County is willing to modify the sustainability plan, effective immediately, to reflect the anticipated receipt of these funds. The funds will be allocated to the current AODA voucher budget. This assumption will effectively raise the system caps that were part of the original sustainability plan, not to the extent of the 2006 Wiser Choice funding baseline, but enough to significantly reduce operational risk to the providers. At a practical level, this means that the system caps imposed March 1 will remain in effect until further notice. There will still be reductions in services, as the total amount of funds available for 2007 will be considerably less than the funds spent in 2006.

There are good reasons to be confident about the receipt of these funds. However, this decision is not without risk. Although the DOC funding appears to be certain, Milwaukee County would essentially be spending ATR money it anticipates receiving but does not have in hand. Indeed, our decision to modify the sustainability plan was reached based, in part, on BHPA's stated acknowledgment and understanding of this risk. If the anticipated funding does not materialize, it is essential that providers understand and accept the following actions BHD will be required to take:

We will be required to shut down the system on August 1. By "shut down," we mean that:

- 1) There would be no new screens at the Central Intake Units except for Statemandated priority placements;
- 2) Recovery support coordination would be terminated;
- 3) Extensions for services would cease; and

4) Only outpatient services for pregnant women, methadone, and detoxification would continue through the end of the year, within the limits of available funds.

If the \$3.5 million is not received, based on current projections, BHD would have approximately \$1.5 million available for the period of September 1 to December 31. Further, some of this remaining balance would need to be reserved for claims received during September for services rendered on or before August 31, 2007.

1

It should also be understood that, even if new ATR funds are awarded, further caps on the system may be necessary by August 1 if the new funds are insufficient to sustain the current system capacity. As more information regarding funding becomes available, BHD will adjust the plan accordingly, including 'closing' the system by August 1 if additional funds are not forthcoming.

We thank all of you for your patience with us, and for your hard work in helping design a responsible approach to this issue.

Cc: Scott Walker, County Executive
Rob Henken, Director, DAS
Members, County Board Health and Human Needs Committee
Paul Radomski
Walter Laux
Mike Kreuser